# LAKE TAHOE COMMUNITY COLLEGE DISTRICT
# REQUEST AND TIMESHEET
# FOR OVERTIME OR COMPENSATORY TIME

**NAME:** _____ **PERIOD ENDING** _____ **25, 20**_____

**EID# :** _____ **WORKSTATION/POSITION**_____
Do not write Social Security #

**OFFICE:** _____ **DATE:**_____

PAYROLL OFFICE DATE STAMP

**INSTRUCTIONS:**
All overtime or compensatory time **must be APPROVED** in advance by the supervisor and an Administrator. The top half of this form is the request to work additional hours. The hours submitted CANNOT exceed what has been approved. THIS SHEET IS DUE ON THE 26TH OF EACH MONTH.

**REQUEST FOR OVERTIME HOURS**

OFFICE:_____

I am requesting _____ hours of:

☐ Compensatory Time

☐ Overtime Pay (at **straight time**) ☐ Overtime Pay (at **time and a half**)

for the purpose of _____.

*If requesting compensatory time, please complete the following:*

Total compensatory time accrual as of this date is _____ hours.

_____ _____
EMPLOYEE'S SIGNATURE SUPERVISOR'S SIGNATURE

_____ _____
ADMINISTRATIVE APPROVAL DATE

Budget Code: _____ (for overtime pay only.)

**REPORT OF HOURS WORKED**
(Report additional hours worked on the back side of the form.)

| DATE | TIME BEGAN | TIME ENDED | TOTAL TIME | REASON FOR OT |
|---|---|---|---|---|
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I certify the above record to be true and accurate.

_____ _____
EMPLOYEE'S SIGNATURE SUPERVISOR'S SIGNATURE

***FOR PAYROLL OFFICE USE ONLY***

**STRAIGHT TIME PAY** $_____ x _____ = $ _____ total pay **QSS** ☐
**Hourly Rate** **Hours**

**OVERTIME PAY** $_____ $_____ x _____ = $ _____ total OT pay **QSS** ☐
**Hourly Rate** **OT Rate** **OT hours**

**COMPENSATORY TIME** _____ hours @ _____time = _____ **(A5)** total comp time accrual **QSS** ☐

| DATE | TIME BEGAN | TIME ENDED | TOTAL TIME | REASON FOR OT |
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